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EDITORIAL

The Status of Influenza Vaccination 1964

DURING THE LAST two influenza seasons, many regions within the State of California felt the impact of epidemic influenza. In the winter of 1962-63, a widespread epidemic with severe morbidity and high mortality was observed over most of the nation. In California, however, the experience was limited to several outbreaks confined to institutionalized populations, although sporadic cases were noted in several communities. The effect upon industrial and school absenteeism was minimal. A slight rise in the number of pneumonia-influenza deaths was observed.

In mid-March and April of 1964, influenza A2 was again disseminated through much of the State, with more widespread effects than in the previous season. Community-wide outbreaks of influenza-like respiratory disease were reported, elementary school absenteeism was slightly increased, and the number of pneumonia-influenza deaths was 73 per cent above the expected level for the epidemic period.

Attempts to predict the occurrence of epidemic influenza are based on observations of the cyclic nature of this disease. It is assumed that this periodicity is in part determined by the balance of immunes and susceptibles in the population plus the factors responsible for genetic changes in the virus. In general, it has been observed that there is a tendency for influenza A to recur at two or three year intervals while B shows a cycle of approximately four to six years. The occurrence of A in California during both the 1962-63 and 1963-64 seasons was probably due to the relative mildness of the first outbreak. The last major outbreak of B was observed in 1961-62. For these reasons it is unlikely that a major epidemic of influenza will occur during the coming season. However, scattered, limited outbreaks are a possibility.

The Surgeon General's Advisory Committee on Immunization Practices and the California Department of Public Health concur in their recommendations for the administration of polyvalent influenza vaccines to high risk groups. These are outlined below. In general, it has been shown that influenza vaccine confers substantial protection against morbidity. It is assumed to be efficacious in reducing mortality among the aged.

Immunization is generally recommended for persons in groups where the mortality is high from epidemic influenza. These groups include those persons in all age groups who have chronic debilitating diseases such as: (1) patients with rheumatic heart disease — particularly those with mitral stenosis, (2) patients with chronic cardiovascular disorders such as cardiac insufficiency or arteriosclerotic heart disease and hypertension, (3) patients with chronic bronchopulmonary disease such as chronic asthma, chronic bronchitis, bronchiectasis, pulmonary fibrosis, pulmonary emphysema and pulmonary tuberculosis, (4) patients with diabetes mellitus and Addison's disease. The high risk group would also include persons in the older age groups. During three successive recent epidemics a moderate increase in mortality has been demonstrated among persons over 45 years of age and a pronounced increase among those over 65 years of age. It is noted that some increased mortality was observed among pregnant women during the 1957-58